WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13282

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3484

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital No. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Week's In this community 81 Years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL.")

(d) Street No. 5437 Thrush Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lucinda Braun

3. (b) If veteran, name war ---

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Sebastan Braun

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 20, 1858 (Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days 26 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace " (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Neudo

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant George Braun

(b) Address 5439 Thrush Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wm. F. Paschedag

(b) Address 2825 N. Grand Blvd.

19. (a) APR 17 1940 (Date received local registrar) (b) J. F. Bradock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th year 1940 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Rt Femur Arteriosclerosis — Duration

Due to tripped over rug at home of Granddaughter 1533

Due to Grape Ave.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence May 24 1940

(c) Where did injury occur? St Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)

While at work? No Means of injury tripped & fell

23. Signature Alfred Perry (M. D. or other)

Address Deputy Coroner Date signed 4.17.40

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Guy W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.